

Case Number:	CM15-0009070		
Date Assigned:	01/27/2015	Date of Injury:	02/25/2009
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 55 year old male injured worker suffered and industrial injury on 2/25/2009. The diagnoses were myalgia and myositis, and lumbar radiculopathy. The treatments were epidural steroid injections, surgical intervention of the left shoulder, and medications. The treating provider reported continued pain to the left shoulder and lumbar spine radiation to the left buttock. The Utilization Review Determination 12/12/2014 non-certified lumbosacral medical branch block, citing M T U S Chronic Pain Treatment Guidelines, epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medial branch block at left L3, L4, L5, and S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the proposed multilevel lumbar medial branch blocks are not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that diagnostic medial branch blocks can play a role as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's presentation is not, in fact, suggestive of facetogenic or discogenic low back pain for which the proposed medial branch blocks could be considered. The fact that the attending provider performed trigger point injections for presumed myofascial pain and also gave the applicant a diagnosis of lumbar radiculopathy for which the applicant was using Neurontin argued against the presence of facetogenic or discogenic low back pain for which the medial branch blocks at issue could have been considered. Therefore, the request is not medically necessary.